Form 2

PROVINCE OF ONTARIO

THE VITAL STATISTICS ACT, 1948

STATEMENT OF BIRTH

501353

(For use of Registrar-General only)

1. PLACE OF BIRTH:
City, Town or Village of ..... Street Address ..... (If birth took place in a hospital or other institution, state the name thereof)

Township of MADOC County or Territorial District of HASTINGS

2. PRINT NAME OF CHILD IN FULL

DAWES (Surname)

HARVEY (Given names)

3. SEX male (Write male or female)

4. (1) Single ☑ Twin ☐ Triplet ☐ Other ☐ (Place X in the proper square) (2) If "OTHER" state the number .....

(3) If a twin, triplet or other, state whether the child was born first, second, third, et cetera .....

5. DATE OF BIRTH April (Month by name) 3 (Day) 1897 (Year)

6. THE MOTHER OF THE CHILD IS:
Single ☐ Married ☑ Widowed ☐ Divorced ☐ (Place X in the proper square)

7. WAS THE BIRTH PREMATURE? No

8. IF PREMATURE STATE LENGTH OF PREGNANCY IN WEEKS .....

FATHER

(Before completing items 9 to 15, both inclusive, read note 1.)

9. PRINT NAME IN FULL

DAWES (Surname)

WALKER (Given names)

10. PERMANENT ADDRESS Madoc (Street address if any) (Township or Municipality)

11. CITIZENSHIP Canadian (See note 2)

12. RACIAL ORIGIN English (See note 3)

13. AGE 46 (At time of this birth) 14. PLACE OF BIRTH Ont (Province, State or Country)

15. OCCUPATION
(1) TRADE, PROFESSION OR KIND OF WORK Mason (See note 4)
(2) TYPE OF INDUSTRY OR BUSINESS building (See note 5)

MOTHER

16. PRINT MAIDEN NAME IN FULL

TROTTER (Surname)

LEAH (Given names)

17. PERMANENT ADDRESS ..... (Street address if any)
MADOC (Township or Municipality)

18. CITIZENSHIP Canadian (See note 2)

19. RACIAL ORIGIN Irish (See note 3)

20. AGE 32 (At time of this birth) 21. PLACE OF BIRTH Ont (Province, State or Country)

22. OCCUPATION
(1) TRADE, PROFESSION OR KIND OF WORK At home (See note 6)
(2) TYPE OF INDUSTRY OR BUSINESS At home (See note 7)

23. HOW MANY CHILDREN BORN TO THIS MOTHER BEFORE THIS BIRTH:
(a) were born alive? 3 (b) are now living? 2
(c) were born dead after the mother was pregnant at least 28 weeks? .....

24. MEDICAL PRACTITIONER OR NURSE IN ATTENDANCE AT THIS BIRTH
EITHER
DR. SUTTON OR
DR. HARRISON
(Surname) (Given name or initials)
MADOC
(Post-office address)

(See note 8)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ITEMS 1 TO 24, BOTH INCLUSIVE, ARE TRUE AND CORRECT.

June (Month by name) 30 (Day) 1952 (Year)

600 Bliven St Peterboro (Post-office address)

E. Ruth Irwin (Signature)

(This space for use of division registrar only)

REGISTRATION NUMBER .....

I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement this AUG 19 1952 (Month by name) (Day) (Year)

D. R. B. No.

AUTHORITY V. S. A. 1948 S. 9

DATE AUG 19 1952 BY .....

H. C. Humphreys (Signature of division registrar)

DEPUTY REGISTRAR-GENERAL (Code number)

002934

SPECIAL NOTICE. This Statement of Birth is not registration for Family Allowances. If you wish Family Allowances they must be applied for on a Family Allowances Form obtainable at any Post Office.